



MINISTRY OF LABOUR AND
NATIONAL SERVICE

Third Report of the
Standing Committee on the
REHABILITATION AND
RESETTLEMENT OF
DISABLED PERSONS

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Standing Committee on the Rehabilitation and Resettlement of Disabled Persons

To: THE RT. HON. IAIN MACLEOD, M.P.
Minister of Labour and National Service

INTRODUCTORY

1. In accordance with past practice, this Report is addressed to you as representing all the Ministers concerned with the various aspects of the rehabilitation and resettlement of the disabled.
2. It is well known to all those concerned with these matters that the services for the disabled provided by the State are the responsibility of a number of separate Government Departments. It may not be so well known that there is machinery within the Government for co-ordinating the work of these Departments in order that rehabilitation for the individual disabled man or woman may be in practice, as well as in theory, a single continuous process leading to final resettlement in the most suitable work and living conditions. This machinery is provided by the Standing Committee on the Rehabilitation and Resettlement of Disabled Persons which consists of representatives of the Ministry of Labour and National Service, the Health and Education Departments, the Ministry of Pensions and National Insurance, and the Government of Northern Ireland; a representative of the National Assistance Board was added to the Committee in July, 1956.
3. The Committee was set up in January, 1943, and has met regularly ever since to carry out its primary function of co-ordination. This unspectacular, though essential and interesting task does not call for frequent reports but the Committee provides a convenient means of issuing from time to time a review of the progress made by all the Departments concerned in the development of rehabilitation services. The first report (A) of the Committee, presented in September, 1946, gave a general account of the steps taken up to that date to implement the recommendations of the "Tomlinson Committee", the inter-departmental Committee whose report (B) formed the basis of the post-war development of services for the disabled. The second report (C) reviewing the developments in the following two years was presented in September, 1948. In 1955 the Committee sponsored a booklet (D) providing a short account of the services at present available to disabled persons in the United Kingdom.
4. The occasion for the present Report is to review progress in implementing the report of the Committee of Inquiry appointed in March, 1953, under the Chairmanship of Lord Piercy, to review the facilities for the rehabilitation, training and resettlement of disabled persons. This report (E) which

(A) *Report of the Standing Committee on the Rehabilitation and Resettlement of Disabled Persons.* H.M.S.O., 1946, out of print.

(B) *Report of the Inter-departmental Committee on the Rehabilitation and Resettlement of Disabled Persons.* (Cmd. 6415) 1943, price 1s. 9d.

(C) *Second Report of the Standing Committee on the Rehabilitation and Resettlement of Disabled Persons.* H.M.S.O., 1949, price 9d.

(D) *Services for the Disabled.* H.M.S.O., 1955, price 4s. 6d.

(E) *Report of the Committee of Inquiry on the Rehabilitation, Training and Resettlement of Disabled Persons.* (Cmd. 9883), 1956, price 5s. 6d.

was published in November, 1956, was the first comprehensive review of the subject since the Tomlinson Committee's Report in 1943; its general verdict was that the statutory provision of services for the disabled was complete and that the facilities for enabling disabled persons to get suitable employment were comprehensive and well established and needed little change or development. It found evidence of a widening and deepening of the concept of rehabilitation on the medical side, although the development of medical rehabilitation facilities still left much to be desired. The Committee made 46 formal recommendations for the improvement of various aspects of the existing services for the disabled and a number of less formal observations and suggestions. In the course of a parliamentary debate on the Report on 7th June, 1957, the Government stated that it welcomed the report and, subject to the need for economy which had been emphasised in the Committee's terms of reference, intended to press on with implementing its recommendations.

5. The Standing Rehabilitation and Resettlement Committee was charged by the Ministers concerned with the general oversight of the implementation of the Piercy Report, in which it was suggested that this Committee should continue to produce reports on its work. The following report is almost entirely concerned with the progress which has been made in carrying out the various recommendations of the Piercy Committee.

THE SIZE OF THE PROBLEM

6. The first recommendation of the Piercy Committee was that inquiry should be made to find out how many persons receiving sickness benefit for more than six months could be assisted in returning to work if suitable facilities for rehabilitation or resettlement were made available to them. This recommendation embraces the whole range of rehabilitation, both medical and industrial, and it soon became apparent that it would not be practicable to cover the whole field by a single investigation carried out by an existing organisation: for example an inquiry through the Regional Medical Service of the Ministry of Health could not cover patients in hospital. It was felt that the most useful results would be obtained by concentrating for the time being on an investigation of patients under the care of their general medical practitioners. Many patients who have been receiving certificates of incapacity for six months or more are referred by the Ministry of Pensions and National Insurance to the Regional Medical Service for an opinion on capacity for work. It seemed clear that if, for a sample of the patients examined under these arrangements, information could be collected about any rehabilitation they might already have had, and an assessment made of their need for rehabilitation at the time of examination, material could be assembled which would go a long way towards answering the question posed by the Piercy Committee. Although at the time of examination by the Regional Medical Service the patients in question would be under the care of their general practitioners, many of them would have received hospital in-patient or out-patient treatment at some stage during the period of incapacity and the investigation would therefore cover the major part of the medical field. In addition to providing valuable information for this purpose the investigation should also help in assessing the practicability and likely value of further research into the extent of the need for both medical and industrial rehabilitation.

7. It was decided that this inquiry should be conducted by whole-time regional medical officers of the Ministry of Health and before it was put in hand a pilot survey was carried out. In addition arrangements were

made for the medical officers taking part in the inquiry to visit selected centres for medical and industrial rehabilitation in order to familiarise themselves with recent advances in rehabilitation techniques, so that they could assess the need for rehabilitation in the light of all that modern techniques can achieve in this field.

8. The inquiry started in February, 1958, and should be completed by the end of the year. During the first 17 weeks of its operation the total number of persons referred to the Regional Medical Service was 179,812, of which 26,425 (or about 15 per cent.) related to patients off work for more than 6 months. Of the latter 6,658 (or about one quarter) have been assessed by the regional medical officers as to their need for rehabilitation. The data obtained are being assembled and collated by the statistical branch of the Ministry of Health.

Recommendations for rehabilitation

9. It may be convenient to refer at this point to *Recommendation 6* of the Piercy Report which proposed that whenever a regional medical officer was of opinion that a person referred to him would benefit from rehabilitation facilities of any kind known to him, he should say so in his report. Arrangements of this sort already exist in regard to industrial rehabilitation, and the proposal with regard to medical rehabilitation will be considered further in the light of the results of the inquiry described above.

MEDICAL REHABILITATION

10. Medical rehabilitation is not the responsibility of one authority alone. It commences during hospital treatment and continues after the patient has returned home when he comes under the care of his general practitioner. During this phase the general practitioner may call upon the health or welfare services of the local authority. Implementation of the Piercy Report will involve all of these.

Advice to hospital authorities

11. Responsibility for general planning of the hospital service is laid by the Health Service Acts on Regional Hospital Boards, and day-to-day management is the responsibility of Hospital Management Committees and the Boards of Governors of Teaching Hospitals. In a circular issued recently to all hospital authorities after consultation with the medical profession, the Minister of Health drew attention to those matters in the Piercy Report (dealt with particularly in Chapters II and III) on which responsibility lies with the hospital services for action and development. The Minister recognised that the financial resources of hospital authorities and the numbers of trained staff were limited at present, but, within the resources available to them, hospital authorities were asked to have particular regard to the needs of rehabilitation, not only when drawing up their capital programmes but also when considering the best use of their revenue funds.

12. The circular summarises for hospital authorities a number of basic principles in the Piercy Report which are of first importance in any consideration of the part the hospital services should play in rehabilitation, viz.:

- (a) Rehabilitation must be a continuous process, beginning with the onset of sickness or injury and continuing throughout treatment until final resettlement in the most suitable work and living conditions is achieved. At the beginning of the process the emphasis is on the medical aspects, at the end on the work aspects. It follows that hospital rehabilitation must begin at the first admission to

hospital or the first treatment as an out-patient; and that there must throughout the process be the closest liaison between the many different authorities and their staff taking part in it. It is of course not possible to rehabilitate all patients to a level at which normal or nearly normal work outside or at home can be performed. Nevertheless, the same general principles apply to the management of those patients—especially the elderly—for whom it is possible to achieve only the greatest measure of personal independence in the home that is compatible with their residual disability.

- (b) Rehabilitation is to be regarded not as the application of special techniques, and still less as a separate medical or other speciality, but above all as a constituent part of the thought and action of all those who are concerned with the treatment of patients and the restoration of disabled persons to their utmost capacity. The key to the full development of rehabilitation in the hospital service is therefore the attitude of the hospital medical staff.
- (c) Treatment needs to be conceived and planned from the outset, bearing in mind the probable terminal result and its effect on the patient's working capacity and home life. It should be intensive, planned for the individual patient, and have a background of discipline. It follows that ordered planning and organisation of the use of the hospital's rehabilitation facilities are essential if patients are to benefit to the fullest extent.
- (d) The hospital is only one among a number of agencies concerned in rehabilitation, and the close personal co-operation of many individuals is essential. It follows that each hospital authority should do everything it can to promote close personal relations between the professional and other staff concerned—general practitioners, hospital medical staffs, nurses and social workers, disablement resettlement officers, youth employment officers, teachers, and others concerned.

13. Hospital Boards were asked, with these principles in view, to review the rehabilitation facilities at present provided and to consider what measure of reorganisation or redeployment might improve the service. The Minister suggested that Regional Boards might find it convenient initially to concentrate on two or three selected areas in their Region. He also suggested that, in undertaking their review, Boards might find it helpful, if they had not already done so, to adopt the Piercy Committee's recommendation (*Recommendation 4*) to appoint a rehabilitation committee or sub-committee. As the Report points out, a committee of this kind may be expected to serve a useful purpose in fostering developments and in promoting co-operation with local authorities and local offices of the Ministry of Labour and other departments concerned. It may also assist in keeping the "rehabilitation approach" before the attention of hospital staff.

14. The circular suggested that the matters which should be the subject of the regional review should include the following:

- (a) The designation of a consultant at every appropriate hospital where this has not already been done, to supervise and organise the rehabilitation facilities at the hospital. He should be selected not primarily because of his speciality but because of his readiness to promote this work, to exercise leadership of the hospital team, and to maintain close liaison with others outside the hospital engaged in rehabilitation and resettlement services, including acting as chairman of the resettlement clinic mentioned in paragraph (d) below.

- (b) The object of reorganisation and redeployment should be to ensure the careful selection of patients, a planned course of rehabilitation in each case, discharge from hospital care as soon as the course is completed, and the closest liaison with the general practitioner and any others who will subsequently be concerned in the resettlement of the patient.
- (c) In relation to physiotherapy, it is suggested that the promotion of active rehabilitation by purposeful physical methods (including the further development of group exercises) is more important than passive physiotherapy; and the organisation of additional peripheral clinics under consultant supervision in suitable premises may help to meet the needs of those living at a distance from hospitals with departments of physical medicine. In the case of occupational therapy, the aim should be to promote the existing trend towards realistic occupations such as carpentry, metal work and the use of machine tools, and the development of advice and help, particularly to housewives, on how to adjust methods of housework to a disability. Full use should also be made of the trained hospital social worker to provide information for the doctor about the patient's home and work; to assist by advising relatives on home problems; and to ensure that on discharge the patient is in touch with other agencies which can help in employment or welfare.
- (d) Assessment of disability is an important function of the hospital service, especially for patients who, on discharge, need help in obtaining new work and in adjustment to home life. In such cases, the disablement resettlement officer, the appropriate officer of the local health or welfare authority and others concerned should be brought in at an early stage. For the more difficult cases, resettlement clinics should be provided at all major hospitals to serve appropriate areas and hospital groups (*Recommendation 3*). The resettlement clinic is essentially a case conference of all concerned to advise on the industrial or social resettlement of especially difficult cases. Those present should include the consultant in charge of the patient and the general practitioner, together with any of the following whose advice may be required: physiotherapist, occupational therapist, almoner or psychiatric social worker, disablement resettlement officer, health visitor, local authority welfare officer, officer of the National Assistance Board or any other worker with special knowledge of the patient or his needs. The presence of a doctor with knowledge of local industry may also be helpful. The chair would be taken by a consultant on the hospital staff (normally no doubt the consultant in charge of rehabilitation mentioned in paragraph (a) above).

15. Hospital Boards were asked in the circular to provide such additional rehabilitation facilities as may be found necessary in so far as their resources will permit: such developments should be planned having regard to the facilities provided by the industrial rehabilitation units of the Ministry of Labour (*Recommendation 10*). They might include the provision of adequate space for active physiotherapy (group exercises, etc.) (*Recommendation 2*); space and equipment in occupational therapy departments for simple factory work and for training the disabled housewife and others in their adjustment to home life; and the provision of some residential rehabilitation accommodation, particularly to serve rural areas.

16. The Minister has also reminded hospital authorities of the need for the closest liaison at all stages with other authorities and officers engaged in the

continuous process of rehabilitation, and has asked them to have particular regard to the following points raised in the Report:

- (i) the need to provide general practitioners with prompt reports on the discharge of patients (*Recommendation 13*). The general practitioner has a leading part to play in relation to the disabled and must be kept fully informed.
- (ii) With the patient's consent, prompt and full information should be given to the appropriate officers of the local health or welfare authority when the authorities' services are required after discharge from hospital. Early contact should be established with them and with the disablement resettlement officer.
- (iii) Specialist medical advice should be made available to disablement resettlement officers and Disablement Advisory Committee Panels on especially difficult cases (*Recommendation 17*).
- (iv) Specialist services (including psychiatry) should be made available to industrial rehabilitation units at the request of the unit medical officer (*Recommendation 9*).
- (v) The need to provide educational facilities in the hospital for children and for younger tuberculous patients (*Recommendations 32-34, 38*). This reinforced advice on this subject previously given in 1956.

17. Advice has also been given on the provision of planned convalescence and the gradual extension of activity for tuberculous patients (*Recommendation 39*); arrangements for suitable mental or mentally defective patients to attend courses at industrial rehabilitation units before discharge from hospital (*Recommendation 43*); the provision of special annexes for patients in mental and mental deficiency hospitals who are able to go out by day to suitable work at factories or other places of employment (*Recommendations 44-45*); and arrangements whereby simple factory work may be sent by industrial firms to be done at mental and mental deficiency hospitals by patients who are not yet fit to leave the hospital by day, or where the hospital's geographical position makes it difficult to find suitable outside employment (*Recommendation 46*). Hospital authorities were asked to consider the possibility of providing facilities of this sort in cases where they had not already done so.

18. In due course the Minister of Health proposes to ask Hospital Boards for reports on the action taken following the issue of the memorandum outlined above, and particulars of any new or experimental developments of particular interest.

19. The Secretary of State for Scotland, after consultation with the medical profession, has issued a corresponding memorandum to hospital authorities in Scotland.

Information for the Medical Profession

20. The Departments concerned have consulted together on how best to implement *Recommendation 5* of the Report, i.e. that the Health and Education Departments, the Ministry of Labour and National Service, the Ministry of Pensions and National Insurance and the National Assistance Board should take all such steps as are necessary to provide the medical profession with the information it needs about the rehabilitation and resettlement services. As a first step a memorandum for issue to all general practitioners and hospital medical staff has been prepared and has been referred to the Minister of Health's Standing Medical Advisory Committee for its advice.

INDUSTRIAL REHABILITATION

Industrial Rehabilitation Units

21. The Ministry of Labour has reviewed the need for more industrial rehabilitation units in the light of the Piercy Committee's recommendation that, although the larger share of what could be spared from national resources for capital development for rehabilitation in the near future should be devoted to the hospital side, some important industrial areas without industrial rehabilitation units should be supplied with them, especially where this could be done relatively inexpensively by the adaptation and equipment of existing premises (*Recommendation 7*). The Report refers specifically to the needs of Liverpool and London. For some time there have been plans to convert premises at the government training centre at Aintree (Liverpool) and Perivale (West London) for use as I.R.U.s. The Ministry is satisfied that I.R.U.s. in these areas would provide a useful and much needed service and hopes to proceed with these projects as soon as financial circumstances permit.

22. The provision of additional medical sessions at existing I.R.U.s. was recommended by the Piercy Committee to meet the demands which might be made upon the part-time medical officer by the admission of patients at an earlier stage of recovery from illness or injury (*Recommendation 8*). The Ministry of Labour have agreed to make the arrangements for additional medical services in their Units if necessary. The Piercy Committee further recommended that Regional Hospital Boards should provide specialist services for those attending industrial rehabilitation units (*Recommendation 9*). The main specialist need in the I.R.U.s. is for psychiatric advice, and during recent years several Units have established arrangements with local hospitals and psychiatric clinics whereby a psychiatrist visits the Unit regularly to interview rehabilitees and to discuss cases of special difficulty with the I.R.U. team. As stated in paragraph 16 above, hospital authorities have been asked to provide specialist services to industrial rehabilitation units when so requested by the Unit medical officer; the actual arrangements made will depend upon local circumstances.

Comprehensive Rehabilitation Centres

23. The Piercy Committee recommended that a proportion of any additional resources set aside for rehabilitation purposes should be devoted to building two or three experimental comprehensive centres providing facilities for hospital rehabilitation, industrial rehabilitation and assessment of capacity on the one site (*Recommendation 11*). A sub-committee has examined this proposal and its practical implications and the Committee itself is now making a further study of the recommendation in the light of this advice.

Rehabilitation within industry

24. Reference was made in the Piercy Report to the special rehabilitation workshops which have been set up by a few large firms to assist the return of sick or injured employees to full working capacity. The contribution of industry in the field of rehabilitation has more recently been considered by the Medical Committee of the National Advisory Council on the Employment of the Disabled. Although the number of special rehabilitation workshops in industry remains small, there appears to be a growing consciousness among employers of the special needs of workers who have been absent on account of injury or sickness, and much useful work is done in this direction by industrial medical officers in the ordinary course of their duties. Employers whether large or small have an important part to play in the rehabilitation of their workers and the general development of health services in industry may assist in the process. With this in mind the Medical Committee of the

National Advisory Council drew attention to the importance of co-operation within the Ministry of Labour between officers concerned with the development of these services, including H.M. Factory Inspectorate, and those responsible for the rehabilitation and resettlement of the disabled. Steps to develop such co-operation are being taken.

WELFARE SERVICES

25. In its survey the Piercy Committee found that there was a need for fuller and better provision of welfare services for the disabled by local authorities. It summed up the responsibility of the local authorities as being

- (a) to meet the social and occupational needs of those disabled who do not come within the employment field; and
- (b) simultaneously to cater as far as may be required for the social needs of the disabled in the employment field.

With this as background the Piercy Committee proceeded to make a number of practical recommendations as to the ways in which welfare services could most usefully be developed, some of these being of broad general application such as *Recommendation 15* (structural adaptations in the home) and *Recommendation 31* (provision of occupational homework), whilst others applied to particular handicaps, such as *Recommendation 40* (establishment of hostels for some tuberculous workers) and *Recommendation 42* (living accommodation for paraplegics). The Minister of Health has issued a circular to local authorities on these recommendations, encouraging them to develop their services as opportunity offers on the lines recommended by the Committee and urging the small minority of authorities who have not so far done so to exercise the power they have to make arrangements for promoting the welfare of handicapped persons.

26. Section 29 of the National Assistance Act, 1948, empowers local authorities to make arrangements for promoting the welfare of permanently and substantially handicapped persons, and one of the major recommendations made by the Piercy Committee was that authorities should be grant-aided by the Exchequer in their expenditure on services provided by them under this section (*Recommendation 12*). In an interim statement made in the House of Commons on 7th June, 1957, it was announced that in the light of the Government's decision to introduce a general Exchequer grant it would be inappropriate to introduce a new percentage grant for welfare services for disabled persons. In February, 1958, it was announced that some allowance would be made in the total of the general grant for the first fixed grant period covering the two years 1959-60 and 1960-61 to take account of developments in that period in local authority services for the handicapped. This decision will, it is hoped, help to secure the future development of these services.

27. It is fortunate in view of the current limitations on capital expenditure that, as the Piercy Committee itself pointed out, there is much that can be done for the handicapped without incurring substantial expenditure. During the years which have elapsed since 1951 when local authorities were first invited to submit schemes for the welfare of handicapped persons much steady, if unspectacular, development has taken place. Many authorities have provided social centres or clubs for the handicapped in hired premises or in simply adapted premises already in their possession. However lacking many of these places may be in facilities which a purpose-built centre* could provide, much valuable work has been done in them to break down the isolation of many severely handicapped persons by providing them with

* The first purpose-built centre was opened at Preston in 1957.

social contacts and teaching them to undertake useful diversionary occupations. In a number of instances transport is provided to enable the severely disabled to attend the centres. Other authorities give instruction in handicrafts and similar skills to disabled persons in their own homes, either through a member of their own staff competent to undertake this duty or often through volunteers with special aptitude for and knowledge of this particular work. A beginning is being made, though for some time to come it is bound to be only in a very small way, in taking into local authority homes for a short period severely handicapped people normally looked after in their own homes so that the relatives responsible for them can have a rest or holiday; and special reference to this has been made in the Ministry of Health circular.

28. All the foregoing are services which the Piercy Committee wished to see more widely extended, and there is no doubt that now that they are fortified by the Committee's endorsement, local authorities are continuing, and will continue, steadily to develop services on these lines. Development at local level in the field in these and other ways gives full scope for the display of initiative and resource, whether by the local authority or by a voluntary body (whether or not it acts as the local authority's agent). Local variations and experiments provide too a means by which valuable lessons can be learnt as to what are the most pressing needs of the handicapped. The Health Departments keep in touch with developments and make known for wider use and the encouragement of others valuable and constructive advances evolved in individual areas.

AIDS FOR THE DISABLED

Aids to living

29. The Ministry of Health proposes to publish a descriptive booklet on aids to living and many local authorities have already disseminated throughout their area information about gadgets and other simple aids, such as are mentioned in *Recommendation 14* of the Piercy Report, which can help the disabled to overcome the effects of their disabilities in discharging the routine tasks of daily life. Some authorities have done this by putting on permanent display a collection of such aids, others by arranging for a travelling exhibition of aids to be shown. Where such aids cannot be devised or made by the disabled themselves or their relatives or friends some authorities themselves supply them. Many authorities carry out works of adaptation or installation of fitments at a disabled person's home which may make a great difference to his comfort without involving much expense.

Employment aids

30. The Ministry of Labour has for some time been collecting material for a booklet about employment aids for the disabled. The Piercy Committee commented favourably upon the idea of such a publication and work is proceeding on it.

Transport for the Disabled

31. The Piercy Committee recommended in its report that the whole question of helping the disabled in the use of public transport should be studied further, and that much more attention should be given to bringing disabled people to their work instead of arranging home employment for them (*Recommendations 16 and 30*). The Ministry of Labour arranged for the problem to be studied in relation to the needs of the severely disabled and housebound disabled in some 60 areas in order to discover the measures

which might be taken to help these people individually with their travelling difficulties. These enquiries have been made by Disablement Advisory Committees in consultation with local authorities and voluntary organisations. Their detailed reports have revealed little evidence of disabled people being prevented from working or travelling because of lack of suitable transport. Some suggestions were made, however, for facilitating the travelling arrangements of the disabled. These mainly concerned travel by bus e.g. design of buses and facilities for boarding and alighting from buses. The desirability of training bus and railway staff in their responsibilities towards the disabled was also mentioned.

Enquiries made by the Ministry of Health through medical channels elicited a number of suggestions mainly concerned with the transport needs of the aged, the disabled housewife and the patient under treatment.

32. The subject has been discussed jointly by the Ministries of Labour and Health with the Ministry of Transport and Civil Aviation. The Ministry of Transport conveyed to the Society of Motor Manufacturers and Traders the suggestions made about bus design, and the Society has brought them to the notice of the manufacturers concerned. While emphasising that considerable technical difficulties are involved the Society believes that the improvements being incorporated in new models will help to make travel easier for the aged and the disabled. The Ministry of Transport has also approached the bus operators' Associations and the British Transport Commission about the difficulties which disabled people experience in travelling on buses and the need for drivers and conductors to exercise special consideration and care where such people are concerned. These bodies were already giving attention to the travelling difficulties of the disabled, but they are arranging for further publicity to be given among their members to these questions. Other approaches by the Ministry to the British Transport Commission have concerned the training of railway staff in assisting the disabled, and permitting disabled people to use goods lifts where this would help to overcome their travelling difficulties. A further suggestion which was considered by the Ministry of Transport was that kerbs at pedestrian crossings should be bevelled so as to make their use easier for disabled people in wheeled chairs. The Ministry point out that at some special sites kerbs have been sloped where the crossing is used by considerable numbers of "wheeled pedestrians" but there would be considerable objection to carrying this practice further. The function of a kerb is to delimit quite clearly the pavement area and in the interests of road safety it is needed at the ordinary pedestrian crossing in order to provide a definite line of demarcation between footpath and road to pedestrians and motorists alike.

VOCATIONAL AND PROFESSIONAL TRAINING

33. The Piercy Committee reviewed the arrangements for training the disabled and was impressed by the flexibility of the facilities. It regarded the results of the training scheme for the disabled as satisfactory and made no recommendations for change. Training has therefore continued on the lines previously followed. Since 1948, when the last Report of the S.R.R.C. was prepared, nearly 38,000 disabled people trained under the vocational training scheme have been placed in the employment for which they were trained, and 700 disabled people have received grants for professional training.

34. Since April 1949, a special course has been provided at Letchworth Government Training Centre for training blind persons in various engineering processes—e.g. capstan lathe operating, inspection (including the use of

Braille precision instruments) and repetition assembly work—with a view to their being placed in open industry at the end of the training period. The course lasts about eight weeks, and up to the end of October, 1958, over 800 blind persons, most of whom have since been placed in open industry, had completed it. This is a notable development in the conception of what can be done to make the blind self-supporting, and contrasts with the previous emphasis on sheltered employment and on a few traditional trades. Some 80 blind persons a year are also trained by the R.N.I.B. for other types of open employment, e.g. as shorthand typists and switchboard operators.

THE REGISTER OF DISABLED PERSONS

35. As has been explained in the Committee's previous reports, it is necessary that a disabled person who wishes to benefit from the employment provisions of the Disabled Persons (Employment) Act should have his name entered in the Register of Disabled Persons. The Register is now counted twice a year, in April and October. In April it is analysed in detail according to disabilities and in October a simple numerical count is taken. The size of the Register has declined steadily from the peak of 936,000 which it reached in 1950. In April 1958, it stood at just under 737,000, of whom about 52,000 were unemployed. This decline in the Register has occurred entirely among the men, and there has in fact been a small increase in the number of registered disabled women, although even now they only form one-eighth of the whole Register. The major part of the decline has been concentrated among men who were registered as being disabled because of their service in the Forces, but excluding the 1914-18 war pensioners who are in a special position in being registered for as long as they remain pensioners without having to apply for re-registration at intervals. Helped no doubt by the strong demand for labour during recent years, many men seem to have decided that they no longer need the help of the Disabled Persons (Employment) Act and that they can get and hold a job in full competition with those who have never been disabled. From figures which were obtained about two years ago, it appears that for every person whose application for registration or re-registration is rejected, there are ten who for one reason or another do not seek to renew their registration when the time comes for them to do so.

36 The Piercy Committee made a number of recommendations for improving the registration machinery. The purpose of one of these (*Recommendation* 18) was to bring within the field of registration certain hospital patients who are capable of going out to work. The present regulations give the Minister of Labour the power to decide upon applications for registration from people in most kinds of hospitals, but patients of mental and mental deficiency hospitals are debarred from registration unless they are "on licence". A number of mental hospitals now send out their patients to daily work, but they are not technically on licence, and an amendment of the registration regulations is therefore necessary to implement the recommendation. The Government has announced that the legislation on mental health is to be revised on the lines recommended in the recent report* of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency, and it is proposed to amend the registration regulations at the same time. The Disabled Persons (Employment) Act, 1958, has made

* *Royal Commission on the Law relating to Mental Illness and Mental Deficiency.* (Cmd. 169) 1957, price 10s. 6d.

provision for the qualifying period of disability for registration to be increased from six to twelve months and for the voluntary removal of a disabled person's name from the Register (*Recommendations 19 and 22*). Administrative action has been taken by the Ministry of Labour to increase the maximum period of registration from five to ten years (*Recommendation 20*). Another recommendation (*Recommendation 21*) seeks to provide for the benefits of registration to be extended to all aliens who are in this country on a work permit without reference to any residential qualification, provided the normal eligibility conditions are satisfied. The existing Non-British Subjects Regulations made under the Disabled Persons (Employment) Act, 1944, give the Minister of Labour a wide discretion in admitting aliens to the Register. The administrative practice within the Ministry has recently been modified so that no aliens will be denied the benefits of the Act solely because of shortness of residence; those few applications for registration made by aliens who are subject to restrictions upon their employment are now referred to a Disablement Advisory Committee before a decision is taken. Since this administrative change meets the main object of the Recommendation the statutory regulations are not being amended.

THE D.R.O. SERVICE

37. The Piercy Committee emphasised that the disablement resettlement officer is primarily an employment officer and gave its support to the present system of selecting D.R.Os. from the staff of the Ministry of Labour, rather than from among the ranks of trained social workers. At the same time, the Committee urged that in making these appointments the fullest consideration should be given to the officer's suitability and inclination for the work (*Recommendation 24*). Considerable attention has in fact been paid to improving the quality of the D.R.O. service in the last few years. The main problem remains the smaller office where the D.R.O. necessarily spends much of his time on work unconnected with the disabled. A partial solution has been found in the system of appointing full-time Group D.R.Os. who can visit and advise the part-time D.R.Os. in the area. The Committee's recommendation that D.R.Os. should deal with all the disabled persons within their areas (*Recommendation 26*) describes the existing practice of the service, except for placing the blind in employment.

38. The initial training course for newly appointed D.R.Os., which used to be of only 3-4 days' duration, has now been replaced by a new course lasting for a total of 4 weeks on the lines suggested by the Piercy Committee (*Recommendation 25*). The new syllabus includes lectures on: the disabled persons register; the quota scheme and designated employment; liaison with medical authorities; medical rehabilitation; industrial rehabilitation and training; placing and follow-up; sheltered employment; special categories of the disabled, including the young, the blind, the tuberculous, and those with mental troubles; the respective roles of the various official and voluntary bodies, the National Advisory Council on the Employment of the Disabled, Disablement Advisory Committees, etc. These talks are supplemented by discussions and practical exercises in interviewing and registration, as well as by visits to hospitals, I.R.U.s., government training centres and sheltered workshops, including workshops for the blind. In addition, seven days are devoted to training on the job at selected offices, covering the various aspects of D.R.O. work. A shorter course is given to D.R.Os. who spend only a very small part of their time on work for the disabled.

THE QUOTA AND DESIGNATED EMPLOYMENT SCHEMES

39. The statutory obligation on employers of 20 or more persons to employ a quota of disabled persons has remained at 3 per cent. It has been found that employers, in general, have willingly accepted this obligation and that many firms too small to have quota obligations have employed registered disabled persons. The Piercy Committee did not suggest any change in the quota scheme or in the present standard percentage.

40. The occupations of car park attendant and passenger electric lift attendant remain the only classes of employment under the designated employment scheme. The Piercy Committee recommended that the occupations at present designated should be continued but that any necessary pressure on employers to employ disabled persons should be applied through the quota scheme rather than by any extension of designated employment (*Recommendation 23*); this has been accepted.

SHELTERED EMPLOYMENT

Remploy

41. The provision of sheltered employment by Remploy Limited was reviewed by the Piercy Committee, which recommended that the present scheme should continue (*Recommendation 29*). At the same time the Committee suggested that Remploy should review its practice in regard to the selection of workers to see whether better standards of assessment could be applied. In 1956, arrangements were made experimentally in certain localities for candidates for work in Remploy to be assessed in a nearby Industrial Rehabilitation Unit and this innovation worked so satisfactorily that it has now been extended to all areas which are within easy travelling distance of an I.R.U. The Committee also suggested that workers should be encouraged to move from Remploy factories to open employment. It is understood that Remploy already has this point in mind and that about 150 of its workers do in fact leave for open employment each year.

42. Of the measures which the Company is taking to improve its trading position, one is of special interest: this is the "sponsorship" scheme, under which production is undertaken for industrial firms under long term contracts with a consequent saving to Remploy of sales and warehouse costs. Remploy provides the factory space, labour and skilled management while the sponsoring firm supplies any necessary machinery, technical advice and training, and undertakes to buy back the finished product at an agreed economic price. Such schemes are now in operation at 10 factories, employing about 420 workers, and several more are being negotiated.

Other Sheltered Workshops

43. The continuing conditions of financial stringency have made it impossible for local or central government to encourage the development of new sheltered employment facilities where this needs substantial capital expenditure. This has meant a virtual standstill in the provision of new sheltered workshops by local authorities. Many authorities have had to defer plans which they had prepared, and where formal proposals have been made, the Ministry of Labour has had to refuse grant aid under present conditions, except for a very few small schemes and for some cases, especially of workshops for the blind, in which a real need was shown for replacement, expansion or adaptation of existing workshops. Some voluntary undertakings have been forced to close down owing to increasing financial difficulties or to the lack of suitable recruits—for instance when the particular organisation is limited by its constitution to the acceptance of ex-service men. This development has been offset to some extent by the opening of new workshops, and where a

real and very urgent need exists every effort is made to encourage such projects on the most economical scale. There have also been some signs of change in the pattern of sheltered employment. Improved medical control over tuberculosis has led to a decline in the demand for places in the village settlements, and a start has been made at Enham-Alamein in accepting a few non-tuberculous severely disabled persons. Some local authority workshops for the blind have also broken new ground by taking in a few sighted severely disabled persons for training and employment. It is encouraging to see that many of those who have been classified as suitable only for sheltered employment have been found places in open industry through the patient work of D.R.Os. and the practical sympathy of employers.

44. The Piercy Report drew attention to the need for sheltered workshops to be as efficient as possible and to use modern methods of production (*paragraphs 199-200*). The Ministry of Labour in bringing the point to the notice of local authorities and voluntary undertakings has offered advice and practical help in planning modernisation.

45. The powers of local authorities to provide sheltered employment have hitherto been derived from the welfare provisions of the National Assistance Act and from the after-care provisions of the National Health Service Acts, and responsibility for formal approval of authorities' schemes has rested with the Minister of Health or the Secretary of State for Scotland. The Piercy Committee emphasised the importance of drawing a clear distinction between disabled people who are in the employment field and those who are not, and recommended that, in view of the employment functions of the Ministry of Labour, local authorities' powers to provide sheltered employment for the former category should be transferred to the Disabled Persons (Employment) Act and placed under the statutory supervision of the Ministry of Labour (*Recommendation 27*). The Committee made a similar recommendation with regard to the present duty of local authorities to arrange for the provision of sheltered employment for the blind (*Recommendation 28*). These proposals were implemented by the Disabled Persons (Employment) Act, 1958, and take effect from 1st January, 1959. They will not alter the existing powers and duties of local authorities in regard to sheltered employment, nor, except in a few special cases, will the present financial arrangements be affected.

46. In *paragraph 200* of their Report the Piercy Committee commented that they did not regard the present system of payment of augmentation grants to blind workers employed in workshops for the blind as entirely satisfactory. They felt that it would be better to have a payment system which depended to some extent on incentive payments and had more regard to the value of the work done as, indeed, is the case in a number of workshops. The attention of the interested parties has been drawn to these views and the Ministry of Labour has expressed willingness to assist in any appropriate way. The problem is at present under consideration by the associations of local authorities and the London County Council.

47. Following negotiations between the Ministry of Labour and the associations of local authorities, agreed earnings and qualifying standards have been adopted by the Ministry as a basis of approval of new entrants to employment in workshops for the blind. These earnings and qualifying standards were originally worked out by the National Association of Workshops for the Blind in consultation with the National League of the Blind and were endorsed by the Local Authorities Advisory Committee on the Conditions of Service of Blind Workers. Subsequently they were adopted by many local authorities for new entrants to the workshops for the blind. Their recognition by the Ministry means that, in general, future entrants to the workshops will not be

approved for the payment of grant by the Ministry unless their earnings reach the recommended standards.

Government Contracts

48. In 1950 the Treasury asked all Government purchasing departments to offer as much work as possible to workshops employing the severely disabled, which were to be classed as "priority suppliers" for Government contract work in common with H.M. Prisons. Since that date the sheltered workshops have in fact been given a considerable amount of such work. The Piercy Committee urged, however, in paragraphs 221 and 222 of its report, that the volume of Government contracts awarded to the sheltered workshops should be increased and suggested means by which this might be done. This general question is being examined by the departments concerned. Meanwhile the Chancellor of the Exchequer announced in the House of Commons on 15th July, 1958, that it was proposed to arrange for fuller exchange of information and closer co-operation between the contracting Departments and representatives of the priority suppliers, and that the Minister of Labour was inviting the priority suppliers with whom he was concerned to take part in a Committee under Ministry of Labour chairmanship for this purpose. The Committee has been established.

Remunerative Homeworking Schemes

49. Although schemes for the blind still provide employment for about 1,200 blind people who work at or from their homes, remunerative homework for sighted disabled people has not developed to any appreciable extent in recent years. Remploy and others who have tried to operate homework schemes have found difficulty in providing enough work, partly because of sales problems and partly because of the diminishing number of processes which are both suitable for severely disabled people and can be economically performed at home. At present Remploy is operating six homeworking schemes and has approximately 100 homeworkers on its books. The recognition of the difficulties inherent in the development of these schemes led to the Piercy Committee's Recommendation noted in paragraph 31 of this Report, that more should be done to help the disabled to get to their places of employment.

SPECIAL CATEGORIES OF THE DISABLED

Young Persons

50. The Piercy Committee considered the educational needs of young people in hospital and recommended that hospitals should inform the education authorities of children in hospital who needed educational help, while these authorities in turn should let the hospitals know what facilities they can offer and should make periodic inquiries of hospitals which might have any young people in them to ensure that the education of long term child patients is not overlooked (*Recommendations* 32-34). In 1956, the Ministry of Education and the Scottish Education Department sent circulars to education authorities about the need for co-operation with hospitals, and the Health Departments sent corresponding advice to hospital authorities. As already mentioned in paragraph 16 of this Report, the Minister of Health has reminded hospital authorities of this earlier advice.

51. The Piercy Committee also recommended that the minimum age for admission to a course of vocational training or industrial rehabilitation, which under the Disabled Persons (Employment) Act, 1944, was 16 years, should be made the school leaving age (*Recommendation* 35). This proposal has been implemented in the Disabled Persons (Employment) Act, 1958.

The Blind

52. The Piercy Committee considered that many newly blinded persons, particularly the younger ones, would benefit from a short period of rehabilitation at a residential establishment since more comprehensive facilities can be provided at such a place than could be provided in their home environment to help them to become adjusted to their blindness and to adapt themselves to their changed circumstances. Courses of residential rehabilitation both social and industrial and each lasting about three months are provided by the Royal National Institute for the Blind at their centres at Torquay and Bridgnorth. Similar facilities have been made available in Scotland at Alwyn House, Ceres, Fife, by the Society for the Welfare and Teaching of the Blind (Edinburgh and South East Scotland). In September, 1957, the Minister of Labour after consultation with the Minister of Health sent a circular letter to local authorities drawing attention to a number of steps which might be taken to help more blind persons to realise the benefits to be derived from attendance at a course of residential rehabilitation, and to assist in overcoming the reluctance of some blind persons to leave their homes to undertake such a course.

53. At present the responsibility for providing a placing service for the blind rests with local authorities, many of whom use the services of the Royal National Institute for the Blind or other voluntary organisations on an agency basis. The Piercy Committee recommended (*Recommendation 37*) that the general responsibility for placing should be taken over by the Ministry of Labour, but that local authorities and voluntary organisations already carrying out the work satisfactorily should continue to do so if they wished, at any rate for the time being. In May, 1958, the Minister of Labour stated in the House of Commons that, while he sympathised with the object of the recommendation, it was not possible to consider implementing it in the present financial circumstances but he proposed to review the position in 3 years' time. He was confident that those concerned would meanwhile devote their best efforts to maintaining the efficiency of the existing services and he was considering what could be done, within the limits of existing resources, to promote closer co-operation, where necessary, between those services and the Ministry of Labour.

54. A Working Group of the Blind Persons Committee of the National Advisory Council on the Employment of the Disabled made recommendations early in 1957 designed to strengthen co-operation between central Government Departments, local authorities and voluntary organisations for the blind with a view to developing still further opportunities of employment for blind persons and ensuring that all suitable blind persons are made aware of available opportunities. The steps taken to implement these recommendations include the setting up of a Publicity Panel under the auspices of the Ministry of Labour to co-ordinate general policy on matters of publicity affecting the resettlement of the blind. Separate leaflets have been prepared for blind persons and their families, for welfare officers of local authorities, home teachers of the blind, and others concerned with the welfare of blind persons, and for employers. These leaflets describe the facilities which are available through the Ministry for the industrial rehabilitation, training and resettlement of the blind, and through local authorities for their social rehabilitation. The Ministry of Labour's circular letter to local authorities referred to in paragraph 52 above, described the report of the Working Group, informed them of the action being taken by the Ministries and invited their co-operation.

The Tuberculous

55. As has been mentioned in paragraph 16 above, hospital authorities have been asked by the Ministry of Health to have regard to the Piercy Committee's observations on the need to provide educational facilities for tuberculous patients who must often spend a fairly long period in hospital (*Recommendation 38*). The Committee also suggested (*Recommendation 39*) that the Ministry of Labour should make inquiries from time to time about the facilities needed for the part-time training of tuberculous patients. The Ministry already does this and provides training facilities to take advantage of the long period of convalescence in order to teach skilled trades at a pace that would not impose an undue strain on those receiving the instruction.

56. The Piercy Committee also recommended that enquiries should be made on the basis of registrations at chest clinics to ascertain how far there are appreciable numbers of ex-tuberculous patients remaining unemployed who, given the proper measures of rehabilitation, might once again resume work (*Recommendation 41*). By arrangement with the Ministry of Health, a sample enquiry was carried out for this purpose at sixteen representative chest clinics in different parts of England and Wales. Of 27,175 people registered at the clinics taking part in the enquiry, only 248 were regarded as capable of and available for employment, and five more were stated to be unemployed through lack of training facilities. The chest physicians expressed the view that generally there would be no difficulty in placing those who were suitable for work and this view has been confirmed by the Ministry of Labour's regional offices. The results of the survey were reported to the Joint Panel on the Resettlement of the Tuberculous, which consists of representatives from the National Advisory Council on the Employment of the Disabled and from the Tuberculosis Standing Advisory Committee of the Central Health Services Council. The Panel agreed that the evidence did not support the suggestion that there were appreciable numbers of ex-tuberculous patients on the chest clinic registers who were capable of and available for work but were unable to obtain it.

Paraplegics

57. It is a notable fact that about 70 per cent. of the paraplegics who are pensioners of the second world war are in full or part-time employment. Some paraplegics need special attention and accommodation when they leave hospital, and the Piercy Report mentioned the facilities available at the Duchess of Gloucester House in Isleworth, which was described in this Committee's earlier publication *Services for the Disabled*. Many of the residents benefit so much from their stay at Duchess of Gloucester House that they are able eventually to leave and fend for themselves. Some return to their own homes to take up local employment, others leave to get married, moving to local accommodation, and some go to the Joint Committee of St. John and the Red Cross Paraplegic Settlements at Kyles, Watford, and Lyme Green, Macclesfield. Since the House was opened in November, 1949, 174 paraplegics (60 ex-service pensioners and 114 civilians) have been able, through residing at the House, to take up suitable employment, most of them having been placed in jobs by the local D.R.O. A high proportion are engaged on engineering assembly work, including skilled occupations, but there are a number of clerical and professional workers as well. In 1957 it was found possible to provide six places experimentally for paraplegic women and five residents have already moved in, two of them having so far taken up work in the neighbourhood.

The Mentally Handicapped

58. The Piercy Committee recommended (*Recommendation 43*) that hospitals and the Ministry of Labour should consider extending the arrangements whereby suitable patients before discharge from mental hospitals are

given courses at industrial rehabilitation units. Schemes of this kind are already in operation at a number of I.R.U.s. and, as already mentioned in paragraph 16 of this Report, mental hospitals have been invited to consider with the Ministry of Labour the introduction of arrangements of this kind at I.R.U.s. where they do not already exist.

Epileptics

59. As the Piercy Committee pointed out, the epileptic often has great difficulty in obtaining and retaining employment. The Ministry of Labour's figures show that epileptics are now being placed in work at the rate of 100 a month, a rate which compares not unfavourably with that for placing other disabled workers. Many epileptics have benefited from courses at industrial rehabilitation units, government training centres and residential training colleges. Although the I.R.U.s. cannot deal with the most serious cases, they provided courses for 273 epileptics during 1956, of whom some 60 per cent. were in employment or training six months after the end of their course. During 1957 the number for whom courses were provided was 282. Over 450 epileptics are employed in Remploi factories. The main obstacles to the placing of epileptics arise from ignorance of the disability and prejudice among employers and employees alike, and a leaflet prepared by the Ministry of Labour giving guidance on the employment of epileptics has been useful in helping to overcome these obstacles. Epileptics formerly thought by doctors, hospitals and clinics to be incapable of employment are now being referred in increasing numbers to the D.R.O.s. for placing.

60. The Sub-Committee of the Standing Medical Advisory Committee of the Ministry of Health which, under the Chairmanship of Lord Cohen of Birkenhead, reported in 1956 on the medical care of epileptics, emphasised in its report how essential it is in placing to have an accurate assessment of an epileptic. This is not only to ensure that he undertakes work which is within his capabilities, but also because an employer may well become reluctant to offer employment to epileptics if one previously accepted proves entirely unsuitable because the frequency, duration and effect of attacks are more serious than he was led to expect. The report recommended the setting up throughout the country of special clinics and assessment centres for epileptics. Where such clinics have already been set up, they are proving of immense value in giving fuller information than was normally available hitherto about the disabilities and capabilities of epileptics requiring employment. The other recommendations in the sub-committee's report were commended to Regional Hospital Boards by the Ministry of Health in 1956.

ADMINISTRATIVE ARRANGEMENTS

61. In its consideration of the Piercy Report the Committee has concentrated its attention first of all on the various recommendations about the services themselves. Now that this part of the work is well under way, the Committee intends to examine the suggestions made in the Report about administrative arrangements and to look at the problems of co-ordination which are inherent in a range of services provided nationally and locally by a variety of agencies.

62. The Piercy Report paid tribute to the useful work of the existing bodies which were set up to advise Ministers about the welfare and employment needs of the disabled.

63. The National Advisory Council on the Employment of the Disabled, on the termination of its previous period of service on 31st December, 1956, was reconstituted for a further period of three years until 31st December, 1959, under the Chairmanship of Sir Harold Wiles, K.B.E., C.B. It continues

to advise the Minister of Labour and National Service on all the important aspects of policy arising under the Disabled Persons (Employment) Acts and has given its advice on the recommendations relating to employment in the Piercy Report.

64. The local Disablement Advisory Committees have continued to render valuable services by advising on the general aspects of the employment problems of the disabled in their respective areas. Through their Panels they report and recommend on matters, mainly concerning applications for registration and renewal of registration specifically referred to them under the Disabled Persons (Employment) Acts. Many of them studied the Piercy Report with great care and passed resolutions on the Recommendations which were of interest to them.

65. In the light of the need brought out clearly in the Piercy Report for integration of services for the disabled, the Minister of Health on 1st April, 1957, reconstituted his Advisory Council on the Welfare of Handicapped Persons under the Chairmanship of Mr. Edwards Evans, C.B.E., M.P., as an Advisory Committee, with the same Chairman, covering the health as well as the welfare of the handicapped. The Advisory Committee as reconstituted is linked with the advisory machinery of the National Health Service by having some shared membership with the Central Health Services Council and its Standing Advisory Committees. The new committee was appointed in the first instance for a period of two years. It has amongst other things given the Minister advice on a number of the recommendations in the Piercy Report relating to local authority services for handicapped persons.

VOLUNTARY EFFORT

66. The Piercy Committee paid a warm tribute to the work done for the disabled by voluntary bodies and considered that the future of voluntary service lay mainly in the exploration and development of new fields of work and in supplying the personal interest and care which is more difficult to provide through official machinery. The Committee suggested that the time was ripe for the setting up of a Working Party or some similar body to study the important problems involved and to reach conclusions about the nature of the contribution towards the services for the disabled which might be made by voluntary organisations in present circumstances.

67. Early in 1957 the National Council of Social Service and the Central Council for the Care of Cripples instituted an inquiry into voluntary services for the disabled which covers substantially the same ground as the Piercy Committee had in mind. The inquiry has been undertaken by Dr. J. H. Nicholson, until recently Vice-Chancellor of Hull University, and the cost is being met by a grant from the Nuffeld Provincial Hospitals Trust. Its terms of reference were to consider problems of local and national organisation, co-ordination between voluntary bodies and the inter-relation of these with the public services, the progress made in services for the disabled and the future contribution of voluntary organisations. A Joint Committee was appointed by the two organisations concerned to assist the inquiry and observers from the Ministries of Health and Labour attended meetings of this Committee. The Report of the inquiry is expected to be published shortly.

Signed on behalf of the Committee,

MARY SMITON, *Chairman*,

Deputy Secretary, Ministry of Labour
and National Service

C. E. KILVINGTON, *Secretary*.

Ministry of Labour and National Service

November 1958